



# PRE-SHIFT SAFETY MEETING



## PROJECT INFORMATION

JOB SITE ADDRESS:	DATE:	TIME:
CONTRACTOR:		
PERSON CONDUCTING MEETING:	SIGNATURE:	
WORK DESCRIPTION:		
WORK LOCATION:		
HAZARDS:		

## SAFETY TOPICS /DISCUSSIONS

<input type="checkbox"/> Review previous meeting concerns	<input type="checkbox"/> Weather conditions	<input type="checkbox"/> Ground control
<input type="checkbox"/> Equipment conditions and/or problems	<input type="checkbox"/> Road conditions	<input type="checkbox"/> Health & Safety Standards
<input type="checkbox"/> Safety violations and if action needed	<input type="checkbox"/> Communications	<input type="checkbox"/> First Aid
<input type="checkbox"/> Discuss accidents or near misses	<input type="checkbox"/> Equipment on/off	<input type="checkbox"/> Accident prevention

## SIGNATURE OF EMPLOYEES ATTENDING

NAME	SIGNATURE	NAME	SIGNATURE
1.		33.	
2.		34.	
3.		35.	
4.		36.	
5.		37.	
6.		38.	
7.		39.	
8.		40.	
9.		41.	
10.		42.	
11.		43.	
12.		44.	
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16.		48.	
17.		49.	
18.		50.	
19.		51.	
20.		52.	
21.		53.	
22.		54.	
23.		55.	
24.		56.	
25.		57.	
26.		58.	
27.		59.	
28.		60.	
29.		61.	
30.		62.	
31.		63.	
32.		64.	